

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031598

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

399

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 9 1963

1. PLACE OF DEATH

a. COUNTY

CADE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

CAPE GIRARDEAU

Length of stay in 1b

6 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

ST. FRANCIS HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

SCOTT

admission)

c. CITY

OR
TOWN

SIKESTON

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

105 THOMPSON

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

EDDIE

Middle

LAMONT

Last

WOODS JR.

4. DATE

OF
DEATH

Month

8

Day

16

Year

1963

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/10/1963

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

6

IF UNDER 24 HR

Hours Min.

6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

CAPE GIRARDEAU, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

EDDIE WOODS SR.

13b. MOTHER'S MAIDEN NAME

BETTY L. BANKS

14. NAME OF HUSBAND OR WIFE

—

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

—

17. INFORMANT

BETTY . WOODS, SIKESTON, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure

INTERVAL BETWEEN

ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Apnea and Prematurity

DUE TO (c)

Prematurity

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

Birthwt. 2 # 12 g.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

—

20f. CITY, TOWN, OR LOCATION

—

COUNTY

—

STATE

—

21. I attended the deceased from 9 august 63 to 16 aug 63 and last saw him alive on 16 aug 63

Death occurred at 11:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James A. Kinder M.D.

22b. ADDRESS

Cape Girardeau, Mo.

22c. DATE SIGNED

2 Sept 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8/18/1963

23c. NAME OF CEMETERY OR CREMATORY

SUNSET OF MEMORY

23d. LOCATION (City, town, or county)

SIKESTON MO.

(State)

24. FUNERAL DIRECTOR

ALVIN DOTSON, SIKESTON, MO.

ADDRESS

—

25. DATE RECD. BY LOCAL REG.

9-5-63

26. REGISTRAR'S SIGNATURE

James A. Kinder

USE BLACK INK

OR

TYPEWRITER RIBBON

This body was not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me,
or by W as not embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Tris J. Mansbue X

Licensed Embalmer No.

4601

P. O. Address

Seattle, Wn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.